

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

PR 0017 US CIP

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

SMALL ENTITY
TYPE OTHER THAN
SMALL ENTITY
ORRATE FEERATE FEEBASIC FEE 370.00BASIC FEE 740.00X\$ 9= X\$18= 252X42= X84= +140= +280= TOTAL TOTAL 992

TOTAL CLAIMS	34	<input type="checkbox"/>
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	34 minus 20= * <input type="checkbox"/>	14
INDEPENDENT CLAIMS	3 minus 3 = * <input type="checkbox"/>	0
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY
ORRATE ADDI-
TIONAL FEERATE ADDI-
TIONAL FEEX\$ 9= X\$18= X42= X84= +140= +280= TOTAL ADDIT. FEE TOTAL ADDIT. FEE

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* <input type="checkbox"/>	Minus <input type="checkbox"/>	** <input type="checkbox"/> = <input type="checkbox"/>
	Independent	* <input type="checkbox"/>	Minus <input type="checkbox"/>	*** <input type="checkbox"/> = <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* <input type="checkbox"/>	Minus <input type="checkbox"/>	** <input type="checkbox"/> = <input type="checkbox"/>
	Independent	* <input type="checkbox"/>	Minus <input type="checkbox"/>	*** <input type="checkbox"/> = <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* <input type="checkbox"/>	Minus <input type="checkbox"/>	** <input type="checkbox"/> = <input type="checkbox"/>
	Independent	* <input type="checkbox"/>	Minus <input type="checkbox"/>	*** <input type="checkbox"/> = <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE ADDI-
TIONAL FEERATE ADDI-
TIONAL FEEX\$ 9= X\$18= X42= X84= +140= +280= TOTAL ADDIT. FEE TOTAL ADDIT. FEE RATE ADDI-
TIONAL FEERATE ADDI-
TIONAL FEEX\$ 9= X\$18= X42= X84= +140= +280= TOTAL ADDIT. FEE TOTAL ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.